

Congress of the United States

Washington, DC 20515

October 19, 2023

The Honorable Kay Granger
Chair
House Appropriations Committee
H-307 The Capitol
Washington, DC 20515

The Honorable Robert Aderholt
Chair
House Appropriations Committee
Labor, Health and Human Services,
Education Subcommittee
2468 Rayburn House Office Building
Washington, DC 20515

The Honorable Rosa DeLauro
Ranking Member
House Appropriations Committee
Ranking Member
Labor, Health and Human Services,
Education Subcommittee
H-307 The Capitol
Washington, DC 20515

Dear Chairwoman Granger, Ranking Member DeLauro, and Chairman Aderholt:

California is the birthplace of revolutionary biomedical technologies, including precision medicines and diagnostic tools that have transformed the lives of patients afflicted with cancer and other diseases. However, the impact of medical advancements will be limited if these technologies cannot rapidly reach patients.

We write today to request a \$6.5 million increase above the FY23 enacted funding level for the United States Preventive Services Task Force (USPSTF) to ensure all Americans have access to lifesaving health screening tools. This funding will provide the USPSTF with the resources needed to review new innovative technologies that can help close gaps in screening and preventive medications for more than 80 serious health conditions and diseases, including cancer, complications in pregnancy, and depression, among others.¹

Created under President Reagan, the USPSTF is an independent, volunteer panel of national experts that issues evidence-based recommendations for cancer screenings and other preventive services that Americans should receive. If the USPSTF gives an A or B rating for a preventive service, individual and

¹ U.S. Preventive Services Task Force, “USPSTF: An Overview,” last updated April 2021, <https://www.uspreventiveservicestaskforce.org/uspstf/about-uspstf/task-force-resources/uspstf-overview>.

group health plans must cover the service at no cost to patients, making these recommendations critical drivers of patient access to screenings.

Over the past decade, USPSTF funding has remained flat at roughly \$11.5 million. With the rising complexity and cost of evidence reviews, fewer recommendations can be finalized each year. Currently the USPSTF aims to review and update existing recommendations every five years, but multi-year delays are common. With the rapid pace of developments in biomedical research, the current timeline for recommendation updates can be a limiting factor in patient access to new, promising screening technologies.

As an immediate example, multiple California companies have developed blood-based screening tests for colorectal cancer (CRC), one of which is already under review by the Food and Drug Administration (FDA). A blood test to detect early signs of CRC can overcome many of the access barriers associated with current CRC screening methods by incorporating screening into routine medical care. However, patients can only benefit from advances like this if the USPSTF has the capacity to review and recommend these screening tools in a timely manner.

In the FY2024 Congressional Budget Justification, the Agency for Healthcare Research and Quality (AHRQ) clearly outlines the need for additional resources for the USPSTF, saying that increased funding “will provide for developing revised methods of evidence surveillance, early updates, and 1-2 rapid reviews or living reviews a year to support early updates of the Task Force’s recommendations.”²

This issue also has bicameral bipartisan support, as evidenced by report language in the FY2023 *Consolidated Appropriations Act*³ and reiterated this year with similar language in the FY2024 Senate Labor, Health and Human Services, and Education, and Related Agencies Appropriations Committee Report:⁴

***Medical Innovations.**—The Committee notes concerns with the USPSTF’s ability to keep pace with medical innovation. Emerging and innovative screening modalities can further public health for all Americans and address health inequities by improving timely access to and compliance with USPSTF-recommended screenings. The Committee continues to encourage the USPSTF to utilize the Early Topic Update process described in the USPSTF procedure manual to review a recommendation on an enhanced timeframe upon a showing of new evidence. The Committee also continues to urge the USPSTF to prioritize review of any new screening test or preventive medication approved or cleared by the Food and Drug Administration that is a preventive strategy or modality pertaining to, but not included, in a previous USPSTF recommendation.*

However, report language alone is not enough. We ask that you please include \$18.0 million for AHRQ for administration of the USPSTF, an increase of \$6.5 million, which is consistent with President Biden’s Fiscal Year 2024 budget. **This will eliminate delays in getting Americans access to critical health screening tools, such as blood-based colorectal cancer screening tests.**

² Agency for Healthcare Research and Quality, “Justification of Estimates for Appropriations Committees, Fiscal Year 2024,” Department of Health and Human Services, <https://www.ahrq.gov/cpi/about/mission/budget/2024/index.html>.

³ H. Rept. 117-403.

⁴ S. Rept. 118-84.

This cannot wait. To take just one example, more than 75% of people who die from CRC today did not receive the recommended screening.⁵ This modest additional investment in USPSTF could have a significant impact toward achieving the goals of the Cancer Moonshot and would help ensure that no American is left unscreened because they lack access to medical innovation.

Thank you for your consideration of our request.

Sincerely,



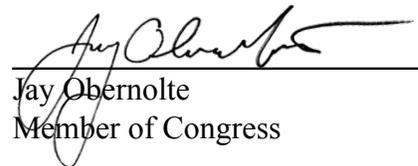
Kevin Mullin
Member of Congress



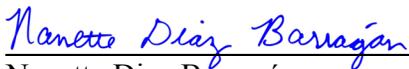
Scott H. Peters
Member of Congress



Anna G. Eshoo
Member of Congress



Jay Obernolte
Member of Congress



Nanette Diaz Barragán
Member of Congress



Katie Porter
Member of Congress



Ann McLane Kuster
Member of Congress

⁵ Doubeni, Chyke A et al. “Modifiable Failures in the Colorectal Cancer Screening Process and Their Association With Risk of Death.” *Gastroenterology* vol. 156,1 (2019): 63-74.e6. doi:10.1053/j.gastro.2018.09.040.